

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024154323

DATE ISSUED: SEPTEMBER 24, 2024

DECEDENT INFORMATION

DATE FILED: SEPTEMBER 19, 2024

NAME: MICHAEL ALEXIS
AKA: MICHAEL ALEXIS JR.
DATE OF DEATH: SEPTEMBER 12, 2024
DATE OF BIRTH: [REDACTED] 1976

SEX: MALE
SSN: ***-**-6305

AGE: 048 YEARS

BIRTHPLACE: ROSEAU, DOMINICA
PLACE WHERE DEATH OCCURRED: GAS STATION
FACILITY NAME OR STREET ADDRESS: 3301 N UNIVERSITY DR
LOCATION OF DEATH: SUNRISE, BROWARD COUNTY, 33351
RESIDENCE: 19400 NW 1ST COURT, MIAMI, FLORIDA 33169, UNITED STATES
COUNTY: MIAMI-DADE
OCCUPATION, INDUSTRY: CONSULTANT, INFORMATION TECHNOLOGY
EDUCATION: MASTERS DEGREE
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN
RACE: BLACK, DOMINICAN, W.I.

EVER IN U.S. ARMED FORCES? NO

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED
SURVIVING SPOUSE NAME: RAEGAN LINDSAY WALLACH
FATHER'S/PARENT'S NAME: MICHAEL E ALEXIS
MOTHER'S/PARENT'S NAME: RONNIE ROYER

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: RAEGAN LINDSAY ALEXIS
RELATIONSHIP TO DECEDENT: WIFE
INFORMANT'S ADDRESS: 148 QUAIL DRIVE, AMERICUS, GEORGIA 31719, UNITED STATES
FUNERAL DIRECTOR/LICENSE NUMBER: JOHNNY A HODGSON, F045508
FUNERAL FACILITY: NEW BEGINNINGS FUNERAL HOME F509399
1826 N UNIVERSITY DRIVE, PEMBROKE PINES, FLORIDA 33024

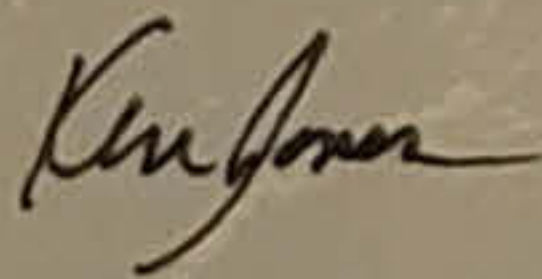
METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: ABCO CREMATORY
FORT LAUDERDALE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: ASSOCIATE MEDICAL EXAMINER
TIME OF DEATH (24 HOUR): 0954
CERTIFIER'S NAME: BRANDON MICHAEL MAVEAL
CERTIFIER'S LICENSE NUMBER: TRN38916
NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

MEDICAL EXAMINER CASE NUMBER: 24172507
DATE CERTIFIED: SEPTEMBER 16, 2024

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2026964225

WARNING:

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
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DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



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